

**Changes to
Annual Utilization Report of Hospitals – 2007**

October 1, 2007

New and/or Revised Data Items

Section 4 – Emergency Department Ambulance Diversion Hours

- Line 50 – Changed wording to “Were there periods when the ED was unable to receive any and all ambulance patients during the year and as a result ambulances were diverted to other hospitals? If ‘yes’ fill out lines 51 through 62 below. Count only those hours in which the ED was unavailable TO ALL PATIENTS (see instructions)” for clarification.

**Changes to
Annual Utilization Report of Long-term Care Facilities – 2007**

October 1, 2007

New and/or Revised Data Items

No changes

Changes to Annual Utilization Report of Primary Care Clinics – 2007

October 1, 2007

New and/or Revised Data Items

Section 4 – Encounters by Principal Diagnosis

- Line 18 – On Factors influencing Health Status and Contact with Health Services changed ICD-9 Codes to “V01-V86”.
- Line 21 – Other – This includes all other codes not in lines 1-20.

Section 5 – Encounters by Principal Service

- Line 5 – On Other Evaluation and Management Services added CPT Codes “99291-99292” and deleted “99420-99429”.
- Line 10 – On Counseling, deleted CPT Code “991432” and added “99429”.
- Line 33 – On CPT Category III Codes changed CPT Codes from “0006T-0161T” to “0016T-0182T”.
- Line 44 – Changed description from “Any other encounters” to “Other”; and added wording “all other codes not in lines 1-33”.

Section 5 – Selected Procedure Codes

- Line 50 – on Mammogram deleted “76082-76083” and “76090-76092”; and added “77051-77059”.
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- Line 60 – On DTap, DTP, Diphtheria and Tetanus changed CPT Codes from “907000-90701” to “90700-90703”, added “90714-90715” and changed from “90718” to “90718-90723”.
- Line 66 – Added “Varicella (MMRV)” to Measles, Mumps and Rubella (MMR) and changed CPT Codes from “90704-90708” to “90704-90706”, deleted 90707 and kept “90708”.

Section 6 – Revenue and Utilization by Payer

- Line 6, Col. 3 – Bad Debt for Medi-Cal – Grayed out

- Line 6, Col. 4 – Bad Debt for Medi-Cal-Managed Care – Grayed out
- Line 6, Col. 5 – Bad Debt for County Indigent/CMSP/MISP – Grayed out

**Changes to
Annual Utilization Report of Specialty Clinics – 2007**

October 1, 2007

New and/or Revised Data Items

No changes

**Changes to
Annual Utilization Report of Home Health Agencies/Hospices – 2007**

October 1, 2007

New and/or Revised Data Items

Section 4 – Patients and Visits by Principal Diagnosis for Which Care was Given

- Line 3 – On Malignant neoplasms: Lung changed ICD-9-CM Codes from “162.0-162.9” to “162.2-162.9”.
- Line 5 – On Malignant neoplasms: Intestines deleted ICD-9-CM Code 198.89.
- Line 23 – On Diseases of musculoskeletal system and connective tissue (include pathological fx, malunion fx, and nonunion fx) changed ICD-9-CM Codes from “710.00-739.9” to “710.0-739.9”.
- Line 33 – On Other health services for specific procedures and aftercare changed ICD-9-CM Codes from “V50.0-V59.9” to “V50.0-V58.9”.
- Line 34 – On Visits for Evaluation and Assessment changed ICD-9-CM Code from “V60.0-V85.4” to “V60.0-V86.1”.

At the footnote – Added to the list “V30-V39 with 4th digits 0 or 1, V59.01-V59.9”.